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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Ileen Cain

(List the full name(s) of the plaintiff(s)/petitioner(s).)

20 cv 2262 (LLS)()

Mercy College, et al.

-against-

NOTICE OF APPEAL

(List the full name(s) of the defendant(s)/respondent(s).)

Notice is hereby given that the following parties:

Ileen Cain

(list the names of all parties who are filing an appeal)

in the above-named case appeal to the United States Court of Appeals for the Second Circuit

from the ☐ judgment ☒ order entered on:

March 17, 2023
(date that judgment or order was entered on docket)

that:

Plaintiff failed to demonstrate extraordinary
circumstances existed to warrant relief under Fed R. 60 (b)(6)
(If the appeal is from an order, provide a brief description above of the decision in the order.) 1-3-4-5

3/24/2023
Dated

Signature

Name (Last, First, MI)

Address

City

State

Zip Code

Telephone Number

E-mail Address (if available)

MIGUEL MADERA
Notary Public - State of New York
No. 01MA6381057
Qualified in New York County
My Commission Expires 09/24/2026

Each party filing the appeal must date and sign the Notice of Appeal and provide his or her mailing address and telephone number, EXCEPT that a signer of a pro se notice of appeal may sign for his or her spouse and minor children if they are parties to the case. Fed. R. App. P. 3(c)(2). Attach additional sheets of paper as necessary.

RECEIVED
CLERK OF COURTUNITED STATES DISTRICT COURT
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Southern for the DISTRICT OF New York

Heen Cain

Plaintiff

Mercy College, et al.

Defendant

Case No. 20-2262

AFFIDAVIT ACCOMPANYING MOTION
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS

Affidavit in Support of Motion

Instructions

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed:

Heen Cain

Date:

3/22/2023

My issues on appeal are:

After post Judgment and Order entered on 2/26/2021, Plaintiff received additional documents and Defendant Crime Statistics Report 2021-2022 - Plaintiff motion I sought relief pursuant to Fed R Cir P. 60C)(2)(3)-6

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Self-employment	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Income from real property (such as rental income)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Interest and dividends	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Gifts	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Alimony	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Child support	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Disability (such as social security, insurance payments)	\$	\$	\$	\$ N/A
Unemployment payments	\$ N/A	\$	\$	\$ N/A
Public-assistance (such as welfare)	\$	\$	\$	\$ N/A
Other (specify):	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Total monthly income:	\$	\$	\$	\$ N/A

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ N/A

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$	\$
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A	N/A
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ N/A	\$ N/A
Home maintenance (repairs and upkeep)	\$	\$ N/A
Food	\$ 500	\$ N/A
Clothing	\$ 0	\$ N/A
Laundry and dry-cleaning	\$ 100	\$ N/A
Medical and dental expenses	\$ 225	\$ N/A
Transportation (not including motor vehicle payments)	\$ 63	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 100	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ N/A	\$ N/A
Life:	\$ N/A	\$ N/A
Health:	\$ N/A	\$ N/A
Motor vehicle:	\$ N/A	\$ N/A
Other:	\$ N/A	\$ N/A
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$	\$
Installment payments		
Motor Vehicle:	\$ N/A	\$ N/A
Credit card (name):	\$ N/A	\$ N/A
Department store (name):	\$ N/A	\$ N/A
Other:	\$ N/A	\$ N/A

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ N/A

4. How much cash do you and your spouse have? \$ _____

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
N/A	N/A	\$ N/A	\$ N/A
N/A	N/A	\$ N/A	\$ N/A
N/A	N/A	\$ N/A	\$ N/A

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	Other real estate	Motor vehicle #1
(Value) \$	(Value) \$	(Value) \$ N/A
N/A	N/A	Make and year: N/A
		Model: N/A
		Registration #: N/A

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$	(Value) \$
Make and year:	N/A	N/A
Model:	N/A	N/A
Registration #:	N/A	N/A

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
N/A	\$ N/A	\$ N/A
N/A	\$ N/A	\$ N/A
N/A	\$ N/A	\$ N/A
N/A	\$ N/A	\$ N/A

7. State the persons who rely on you or your spouse for support.

Name [or, if under 18, initials only]	Relationship	Age
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

- ☒ Yes ☐ No

10. Have you spent - or will you be spending - any money for expenses or attorney fees in the work connection with this lawsuit? ☒ Yes ☐ No If yes, describe on an attached sheet.

I will be paying for dental, consultation in March 225 dollars, and for some paying for expenses for the work connection with this lawsuit? ☒ Yes ☐ No

200 for legal
consultation
in 2019

done after
consultation

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I currently receive SSD monthly payments and am currently residing in a shelter, due to the circumstances. SSD payments are used for food, toiletries, clothing, living expenses.

12. *State the city and state of your legal residence*

Brooklyn, NY

Your daytime phone number:

Your daytime phone number:
347-881-5922

Your age:

54

Your years of schooling:

Your years of schooling: Higher Education, College